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Contents.

	PAGE.
Geometrical Method in Medicine. Hon. A. B. CONGER,	289
Cholera in Nashville. J. P. DAKE, M. D., - - -	301
Incontinentia Urinæ, - - - - -	310
On the Saving of Blood in Operations. Prof. BILLROTH,	314
Politzer's Method. H. C. HOUGHTON, M. D., - -	317
Occiput Presentations and Pulsatilla.	
F. G. OEHME, M. D.	321
Cases. C. M. CONANT, M. D., - - - - -	322
Morbus Brightii. S. N. HIGGINS, M. D., - - -	323
Symblepharon. A. K. HILLS, M. D., - - - -	324
Retinitis Apoplectica. G. S. NORTON, M. D., - -	326
Report of the Bond Street Dispensary, - - -	328
Editorial, - - - - -	329
Foote's Home, Stamford, Conn., - - - - -	331
Appeal of the N. Y. County Medical Society, - -	331
Semi-Annual Meeting of the N. Y. State Homœopathic Medical Society, - - - - -	332

THE
New York Journal of Homœopathy.

Vol. I.

SEPTEMBER, 1873.

No. 7.

ORIGINAL ARTICLES.

THE GEOMETRICAL METHOD IN MEDICINE. By
JAMES ROSS, M. D. Part III. (The Leader in the
Practitioner, for May, 1873.)—Part III.

By Hon. A. B. CONGER.

(Continued from page 249.)

Geometry is a science which deals *solely* with the *abstract* ideas of magnitude. It treats of *ideal* lines, surfaces and solids: the first representing length without breadth, the second both of these without depth, and the third the three combined without substance. Neither a pure mathematical line, surface or solid has ever been found in nature, nor has the ingenuity of man been able to present to the *perceptive* faculties any picture, even of a line, which the rudest microscope would not hold up to ridicule. The reason is plain. The elemental ideas of geometry are pure *conceptions* of the intellect. Moreover, no pure science rests on a psychological basis so simple, for its elemental idea is but one, that of the line, a surface being the product of a line put in motion, as a solid is that of a surface generating it dynamically. Its field of discursion is in the pure intuition of space, which furnishes it all necessary groundwork, whether axiomatically to be stated or not; and when its truths are coupled with the idea of motion as the basis of a problem to be solved, then the intuition of time is brought into alliance with that of space.

This science is said to be based on a few definitions and

axioms; but it is apparent that most axioms—as, for instance, that declaring a straight line to be the shortest distance between two points, which is only a propositional method of expressing the fundamental idea of directness,—are but definitions in disguise, and thus these are but the necessary media of fixing names for the facile communication of ideas. Its *methods* are of pure, ideal intellection, from which (except only when it is sought to be made available for practical purposes, as an applied science) all *perceptions* of the *senses*, and all their *co-ordinations* are excluded; so that all external nature might be blotted out, and if a human intellect were given, with the elemental idea of a line, and its dynamic possibilities, the science of geometry would be developed as pure science. Doubtless, its original process was analysis, by which a line as a percept, and seen by the eye to be both length and breadth, was broken up into its constituents, and the latter removed by the intellectual power of abstraction. But when once this analytical process was completed, geometry proceeded by construction, and the formal part of the science by synthesis.

In the loosest mode, then, in which the phrase “geometrical method” might be employed in its extension to any other pure* or any of the mixed sciences, it could only embrace the dynamical or *constructive power* of the intellect over *pure* ideas, or the *formal method*, adopted also in pure logic, and known as the synthetic.

It is, therefore, patent to the most cursory reflection that Dr. Ross, in assuming as title for his series of original communications in the *Practitioner*, “The Geometrical Method in Medicine,” did not design to limit it to mere synthesis based on previous and well matured analytical procedures in medicine, or on inductions carefully established on empirical observations. In this alternative, he would have been limited

* Pure physics adopts the former mode, and in its mathematical treatment of its primordial ideas, uses equally what is known in mathematics as the analytical and the synthetic method—the former with greater facility of research and power of expanding its schemata, as Laplace, in his “*Mécanique Celeste*,” has in so masterly a manner shown, who, it ought to be added, evolves the grand law of sidereal motion from the problem of the resolution of forces, and not, as Dr. Ross has stated it, perhaps by a *lapsus pennæ*, “as founded upon at least two laws, namely, the law of gravitation and that of inertia.” (?) *Part I.*, p. 157.

in his strictures to such as are admissible in the discussion of the inductive process in any of the natural or mixed sciences. Starting with certain undeniable facts as particulars, he would by induction have reached certain general propositions established according to the laws of *probability*, and thus attained to *general*, but never to *universal* laws, unless he had first introduced the conception of cause into their groundwork as to form, and out of the facts colligated as content with the general proposition, reduced the elements of probability to absolute certainty, not as the ground of *belief*, but of knowledge, positive, and uncontroverted by a single exceptional instance. Nor will it help Dr. Ross that he generously admits that "the title was first suggested," * * * "and that the entire article is inspired by Mr. Mill's chapter 'On the Geometrical Method' in his 'System of Logic.'" He knows very well that Mr. Mill's theory of knowledge is based on sensation and multiplex association as its sole matter and form, and that, so basing all his philosophy on empirical data, he never rises to any but general propositions, eschews all idea of universal laws of thought, and makes (to illustrate the result of his theorizing) the *accuracy of Geometry* to be wholly *hypothetical*. The inconsistency, then, in Dr. Ross' papers is thus tersely to be expressed: that, starting with a theory inspired by Mill's philosophy, he afterwards seeks to apply the method and rules of the older logic, which are wholly antagonistic to his base of mental operation, and brings the test of universals to bear on a theoretic view inspired by one who scouted their existence.

It is more than probable that Dr. Ross's articles had some other source of inspiration than the logical ones so sedulously avowed. We find it in the citation* made by him from Hoffman, the solidist in medicine, the examination of whose system occupies the greater part of the April number, the reason assigned for such critical detail being "because it is one of the best examples of the application of the geometrical

Sienti vero geometræ ex principiis et propositionibus simplicibus, facilibus ac claris et manifestis, aptas conclusiones et connexiones debito ordine ac serie efformant, et sic difficilia explicant, deducunt ac incognita detegunt; ita etiam medicus et philosophus in omnibus quæ circa corpus humanum eveniunt mutationibus, ex claris principiis, veras conclusiones et connexiones conficere et elicere debet."—*Opera Omnia*, vol. I., p. 23.

method in medicine." And yet it is clear that what the professor of Halle intended as a simile, is turned by his critic of Waterfoot into metaphor; that the former never designed to transfer the geometric method as an entirety to the discussion of problems in medicine, but only to copy the deductive processes, by which, from *clear principles, true conclusions* might be elicited. In plain English, he claimed the right, after establishing certain fundamental principles in medicine, to build up his theory of it as a science by the laws of syllogistic reasoning. And who does not? Who that thinks he has mastered the *fundamental* principles?

But, as if Dr. Ross designed to load the so-styled "geometrical method" with every missile of contempt before he hurls it at the head of Hahnemann, he avows, in a foot-note at page 156 of *The Practitioner* for March, that he does "not consider the endeavor which some philosophers have made to verify our knowledge by striving, through a complete analysis, at a substantive proposition upon which a rational synthesis may build up, as an example of the geometrical method;" and after complimenting Mr. Herbert Spencer, and declaring that "a similar conception not only unconsciously underlies every system of philosophy, but was explicitly expressed by Plato in his *Republic*, adds: "The geometrical method fails chiefly because it consists mainly of synthesis, *without being preceded* by a complete and searching analysis."

Is it necessary to put the question whether geometry failed? Was its analysis, as we have stated it, preceding its synthesis, not fully complete? Could Dr. Ross or Mr. Mill have made it more searching? And if not, why should a method which fails at all, or in any such respect, be dubbed with the title "geometrical"?

Pass we now from the misapplied title to the monster *ingens, informe*, which it best serves to represent, that which in medicine has cursed humanity for centuries by nostrums and quack salving, and these the product of crude generalizations following very incomplete and bungling analysis. Dr. Ross gives, at the close of his review of Hoffman's system, in the April number (p. 217), this general summary of it, and of the classification of remedies it proposed: "In diseases, either the motion or the matter which is moved may be at fault. As

already seen, the motion may be *excessive*, giving rise to *spasm*; or *deficient*, causing *atony*. The diseases which arise from spasm must be met by *sedatives*; and from atony by *excitants* or roborants. The *matter* of the body may be at fault either in its *quality* or *quantity*. *Imperfections of quality* must be corrected by *alterants*, and of *quantity* by *evacuants*.* Now we will affirm, without incurring any risk of contradiction even from our able critic, that this method of viewing disease and of propounding remedies, call it by whatever euphonious title one pleases, has not slept in Hoffman's tomb, but has a veritable existence at the present hour, and animates the theory and practice of ninety-nine-hundredths of those who enroll themselves in the "Scientific School of Medicine." Nay, so ingrained upon the stock of "scientific" verities affirmed by our allopathic brethren is it, that no text-book in vogue in their schools on the *materia medica*, or the practice of medicine, but parades these titles of *sedatives*, *excitants*,† *alterants* and *evacuants* as generic and comprehensive definitions of the drugs grouped under them and of their uses. It is in vain that opium in many cases develops, in its primary effect, the most violent excitement of the brain, producing sleeplessness and frightful visual disturbances; it is still a *sedative*. What heeds it, if mercury induces, as a secondary effect, chronic rheumatism, with its acuter form of agony from the warmth of the patient's bed, or during the depression of the barometer? What if its salts bring embarrassment to the portal circulation, effect salivation, educe periosteal pains, or, if absorbed in sufficient quantity, undergo chemical resolution, so that the quick globules are found after death lodged in the kidneys, liver or brain?

* *Opera Omnia*, p. 427.

† We commend to thoughtful pathologists the views of Dr. Beale on the *nature of irritation and excitation*: "It has always been assumed that an irritant or excitant is always necessary to increased action; that by this 'irritant' the living cells are 'excited' to live faster than usual. For this increased activity all that is really required is a *more free access of nutrient matter*. The so-called 'irritant,' instead of 'exciting,' acts in the most passive manner possible. * * * 'Increased action' in a living structure results from the *removal of restrictions*, as occurs when the *rupture, perforation or softening* of the 'cell wall' or 'inter-cellular substance' takes place. The nutrient pabulum comes more readily into contact with the bioplasm, which grows faster, but not in consequence of '*stimulation, excitation, or irritation.*'"—*Bioplasm*, p. 165, § 225.

It is still an alterant ! And as and for a key-note to the theory, if the quantity of matter in the body, or any part thereof, is conceived by the master of clinics too great, it must be abstracted by venesection, or the alimentary canal, like a common cloaca, must be sluiced ! Even in the year of grace 1872, and in a work* of advanced pathological research on the separate functions of the motor, sensory, and special (Remak's) nerves of the sympathetic ganglia, we find the question "Do *we* desire to increase the fluid portion only (of the urine) either with the intent of carrying off from the system a quantity of water, or of *flushing* the tubuli uriniferi ?" One button-holed to such consultation could with difficulty hide the fear of the "skinny hand" or the "glittering eye," or avoid exclaiming,

"God save thee, Ancient Mariner,
From the fiends that plague thee thus !"

We agree fully with Dr. Ross that "the human mind * * * can never be contented with * * * empirical rules, however valuable," as well as that there is a strong tendency to seek "for unification of knowledge." But, if truly scientific, it will hold out first for the facts, the *whole series of facts*, and desire nothing but the facts, prior to theorizing and unification. The vice of medicine, in all ages, lies, not in observed facts, but in its tortuous and torturing theories, which, like Procustes' bed, cut those off to suit themselves. Every one, patient as well as physician, theorizes. The former is "bilious ;" the latter has his "liver theory," or his "blood-constitution theory," &c.—or, rather, had, for the vender of patent medicines has stolen them. What shall the scientist in medicine do ? Shall he continue to organize a system "on foundations that are too narrow," and liable to Dr. Ross's censure of the geometric method, as a "most fatal objection to every body of doctrine so organized ?" Or will he accept Mr. Mill's doctrine, as quoted by Dr. Ross ? "There is little chance of making due amends in the superstructure of a theory for the want of sufficient breadth in the foundations. It is unphilosophical to construct a science out of a few of the agencies by which the phenomena are determined, and leave the rest to the routine of practice or the sagacity of conjecture.

* *Rational Therapeutics*, by B. Moryon, p. 61.

We either ought not to pretend to scientific forms, or we ought to study all the determining agencies equally," &c. In simple Saxon, when the science to be constructed, as concrete or applied, is medicine, or drug-administration applicable to disease, we should know all the facts about the drug to be employed, as well as all those which pertain to the disease, at least as far as concern their mutual relations. And if we are to know *all*, is there a shibboleth in the word "totality," in connection with the symptoms or phenomena which drugs produce in health, or morbid agents manifest in sickness? Fain would we have desired that Dr. Ross, when he opened his tractate with the quotation from Ueberweg, "Science is the orderly combination of mutually related knowledge into one relatively complete whole. Science is a whole of knowledge in the form of a system:" had not omitted to add the sentence which immediately follows: "System is meant to represent in its articulation, the articulation of the *totality* of its (natural or mental) objects, according to the '*Law of Totality*.'" This would have been refreshingly Hahnemannian, and would have made Dr. Ross's subsequent encounter with the Law of the Totality of Symptoms less desperate. And it would not have impaired the logical value of his tractate if the next sentence from this able work (the sad though appropriate mausoleum of its author) had been given to the readers of the *Practitioner*: "Scientific knowledge finds its perfection in the combination of thoughts, one with the other, into a whole, which in its *content* and *form* represents the objective reality." Again we say, let us have "the *entire combination* of thought * * * *representing the objective reality*," even if we are not able yet to build up a science, yet at least that we may have "scientific" *knowledge* in a "School of Medicine."

Revenons à nos moutons. "Hahnemann," says Dr. Ross, "is never tired of insisting that the *totality* of the symptoms constitute the disease." And why not—if the elliptical clause in the sentence as written by Dr. Ross be supplied, so that its latter part should read "what we know of the disease?" By what else as diagnostic signs do we discriminate at the clinique between different classes of diseases, and typify them; or between the endless varieties of the same disease as varied

by the momentum of the attack in the incubative stage, by the special constitution of the patient, and other causes? Will it be pretended that the autopsy, valuable as it may be in revealing the ravages disclosed after the death-process has set in, is of any other special benefit to the attendant physician than of assuring him, what the undertaker knows as well, that the remedial treatment pursued in such case was of no avail? The disclosures of the "post-mortem" are, as to treatment, simply negative, and contribute to pathology the disagreeable record of the blunders of the profession. Dr. Ross sees this, and laments it, doubtless, as much as any high-minded scientist in the profession can, being advised by observation and the statistics of treatment in England and on the continent, whether carefully elaborated or not, that these cases are more frequent with his own than with the Homœopathic fraternity.

And that there might be no *badinerie* of that contemptible sort, when the ignorami of his school talk about the symptoms of diseases, noted with such accuracy in ours, as if they were mere fancies, Dr. Ross ingenuously admits that Hahnemann required attention "to their distributions in space, and the uniformities of their successions in time—in short, to all the circumstances which should be comprehended in a *good description* of the disease." Now, if the description is good, not simply in the generalities that are to be noted in a text-book of classified diseases, but so ample in its particulars that, in any instance at the bedside, the attendant has not merely specialized each as an individual fact, but ranged and grouped it according to its intensity or the manifestation of nervous disturbance displayed in it, then he has not only yielded obedience to the rule of Hahnemann, but to that more general law of inductive science as laid down by Ueberweg, and has represented to his own mind "the articulation of the totality" of the objects before him, according to the law of their totality; at least he has conformed to the required perfection of the scientific knowledge in representing the content of the objective reality on its morbid side. And if *not*, NOT.

There could have been, then, in Dr. Ross's mind, after the general concession made as just quoted, no ground of cavil

as to the validity of the demand which Hahnemann made on himself and his disciples, in requiring a perfect mental presentation of the objective reality, as just limited, though it is strange that in this connection he blinks the pharmacodynamical side of the objective reality, to which we will presently advert, and shifts the discussion to one on general pathology. Dr. Ross insists that Hahnemann was "perfectly consistent" in carrying out his law of similars, when "he rejected *rational pathology*;" charges that as this law "only takes cognizance of two groups of symptoms and a relation of similarity between them, it is perfectly *superfluous to endeavor to give a rational interpretation* to those symptoms." He admits that Hahnemann "was *equally consistent* when he recommended that *each case* of disease should be individualized to the utmost," but at once passes to the hypothetical parallogism "If pathology consists of an *ensemble* of symptoms properly collated and described, all *generalization in pathology* must be rejected, except those empirical generalizations which are necessary to classification, and indispensable to a good description." And again, in the sentence immediately following: "It is not denied that a careful register of the symptoms of disease in the order in which they arise, and a careful individualizing and differentiation of disease, are both necessary methods in the study of pathology; but when it is implied that these are the only requisite methods in the study of disease, the proposition has not a particle of evidence; and, indeed, all the recent advances in pathology, advances which have also been turned to practical account, have been made in direct opposition to it. Registration of symptoms is not more indispensable than interpretation, nor individualization than generalization and abstraction."

Thus, though at considerable length, we have set before our readers the attack made on Hahnemann's pathology, as Dr. Ross is pleased to term it, except that which is devoted to his theory of chronic disease, on which, or on any other theory, it is not desirable at this time to waste our space. But, as these views of Dr. Ross are current in his school, and pass as indisputable propositions, it may be of service to expose their pregnant sophism.

Now, then, as to this highly-vaunted "Rational Pathology."

What is it, or where is it to be found? Is it written or unwritten? If the first alternative be assumed, then by what text-book does Dr. Ross and his school swear? If the second, then by what form of hieroglyphics is it comprehended? We ask, not sneeringly, but with unfeigned sorrow that in this age the question has in candor to be put? Doubtless, physiological and therapeutical researches have thrown some light on pathological investigation; but where is the pathology, and, above all, the *rational* pathology? Have Golding Bird, Gregory, Marshall Hall, Prout, John Thomson, Todd, or any of them, left behind them any discoveries, lucubrations or general views which this age endorses, or which they even claimed as the *basis* of a system of general pathology? Is the zymotic theory propounded by Dr. Farr accepted? Certainly not, by the last tabular view proposed by the British Association. Or is any general theory of disease maintained by the *rational* school, which rises a whit above the scholastic subtleties, defining it as somewhat else than health? Dr. Aitken, of Edinburgh, whose work on the science and practice of medicine entitles him to a high rank in his school, prefaces his treatise, which is made up of monograms on what he entitles "Special Pathology," with *Topics on Pathology*,* and candidly asserts that this vaunted science is *on probation*, though in a state of progress. Aside from advances in morbid anatomy, investigations in histology, and micro-chemistry, study of physical signs, which at best are mere tributaries to the theoretic view of disease, what are those processes of generalization and abstraction, of which Dr. Ross so complacently speaks as the exclusive functionating power of his school, which have thrown such a glory over rational pathology as contrasted with the gloom in which Hippocrates left it? The Iatromechanical, Solidist, and Humoral patho-sciologists, of past times, the Chemico-physiological, the Cellular, headed by Vir-

* "The science of physiology . . . has immeasurably outstripped the science of pathology in the comprehensiveness of its views, and in the value of its results. . . . Without an extensive survey of the whole realm of organic nature, we cannot possibly understand human physiology, and far less comparative physiology. *The science of pathology*, therefore (whose aim is to expound the nature of diseases), must be, *a fortiori*, very far behind."—Aitken's *Science*, &c., 1st edition, vol. 1, pp. 44, 45.

chow, and the Protoplasmic by Huxley, of the present—what of the rational, or, if we may put it, of the *irrational*, have they accomplished for pathology as a science?

It truly saddens us even to seem to deride the pretensions of our allopathic brethren. There are earnest and honest men among them who share beyond question with us in "confusion of face," as often as they turn to this scaffold-work of general pathology, with patches of foundation in ruins, and debris of superstructure raised with untempered mortar. We are, however, as some of them also, not without hope. Dr. Lionel S. Beale, whose views on "The Theory of Life" Dr. Ross has not favorably received, has within the last year published a duodecimo, with the modest title of "An Introduction to the Study of Physiology and Medicine," which we opine will be received by Dr. Ross and others of his school, as it will be hailed by all of ours, as the masterly work of the age. Modifying the old axiom of Lucretius, "*Ex nihilo nihil fit*," he advances the fundamental doctrine of life or of pathology to be reconstructed in a new vital school, that out of nothing not endued with vital elements, nothing that shows life can come. What aid the unassisted eye rendered to the old pathology is now supplemented by that enhanced in the use of the compound microscope, which brings within its field almost infinitesimal living structures—bioplastic elements—whose office-work it is out of their life to build the structures—once formed, no longer living—which heretofore were supposed to be cause and seat, or both, of vital action. On these atoms, then—more veritable than those of which Democritus first dreamed—and not on the *primæ viæ* or other organic formations, is *our* rational pathology to be built, and, as we trust, ere long. We and all may rejoice that, as in the science of chemistry, so now in that long sought by us, we come to the grand arcana of nature's secret, so long withheld, and learn that out of her *little things*, which no human eye or head before hath seen or barely conceived of, cometh her handiwork and *our store of scientific knowledge* in medicine. And who so willing to abandon the defunct theory that diseases and drugs act upon particular tracts of tissue, to trace the course and distribution of the ultimate nerve-fibres to the capillary vessels (health being dependent on the

integrity of their mutual offices) and beyond the capillaries, close to the arena of these *microscopic bioplasts*, and to believe that death is not *caused* by the destruction of tissues witnessed in the autopsies, but by the over-excitability and consequent exhaustion, and too rapid destruction of these *infinitesimal germinal creatures* and propagators of life, as those who have so often baffled the threatening tread and terrific march of death by their infinitesimal doses.

In turning away from that skeleton of rational pathology, upheld *in terrorem* by Dr. Ross and his allopathic associates, which science, as she wends her way into newly-opened domains, will never stop to clothe with flesh or quicken into life, while we are content that its dry bones shall dissolve and comminute, and so serve as useful nutrient material for richer fields of thought in the future; we are not to be understood as desiring a like destiny for what is known as special pathology, and as such embraces the historical story of any special disease, and in its regular succession of stages gives aid in diagnosis (interpretation of symptoms) and ground for prognosis in any given case. For this knowledge is eminently necessary as one most serviceable means of the interpretation of symptoms. The man would be esteemed, and justly so, an idiot, who would limit, as Dr. Ross seems to suppose all disciples of Hahnemann do, his ministry in the sick chamber to the registration of symptoms. What are symptoms, pray? Are the revelations given by a child as to the seat of pain in his epigastrium the only matter of thought for his medical attendant? Is the child to be interpreter of his broken and disjointed story; and is he to decide whether it is a case of belly-ache, or of worm-colic? If there was but one medicine at the command of the homœopathist, whose provings pointed to this region and sort of pain, Dr. Ross might say, as he intimates in a previous episode in regard to belladonna and sore throat, that the physician was limited by the register of symptoms to that drug, and that there was no use in their interpretation. Or if the patient were a babe ten days old, or an old man speechless with paralysis, would Dr. Ross, if called in either case, say there were no symptoms, none to be registered, much less interpreted, and that the only resort was to rational pathology? Else how can he, under such sweet show of

candor, posit a disciple of Hahnemann as driven by logical necessity to so pitiable a plight, as of one prescribing or ministering relief, with nothing in himself manifesting intelligence a whit more elevated than that of the whining or stone-deaf sufferers before him? Dr. Aitken, avoiding the gulf of this controversial turmoil, as became the ablest of modern text-writers on pathology, in assigning its different departments, is frank and outspoken in placing symptomatology* first and chief, as it is and always must be at the couch; and assigns to subordinate positions, which they must always hold even in the general study of the science, Etiology, Pathogeny, Morbid Anatomy and Histology.

(To be continued.)

CHOLERA IN NASHVILLE.

ITS CHARACTER, TREATMENT AND RESULTS.

By J. P. DAKE, M. D.

MR. EDITOR—Since the appearance of cholera in this city, having received many letters from different parts of the country inquiring as to its characteristics and treatment, and finding myself unable to answer them individually, I seek to give the desired information through your wide-circulating columns.

During the latter part of May we were advised of the prevalence, at Memphis and along the Mississippi River, of a form of cholera morbus, quite sudden, rapid and fatal. Although the press, and even the physicians, hesitated to call the disease cholera, I was satisfied it could be nothing less, from information afforded me by Dr. Morse, of Memphis. About the 1st of June cases of the same began to occur in our city, increasing steadily in number up to the 20th, and then decreasing so as to be nearly all gone by the end of the month.

The disease differed from Asiatic cholera, as seen in years

* "But in whatever aspect we may view disease, there is invariably presented to the student the same subjects for investigation, viz., first, the morbid phenomena or symptoms by which we become aware that derangements have taken place in the economy. It is by a mental effort that either the student or physician converts these symptoms into signs of disease; and hence arises the necessity of studying symptomatology or semeiology.—*Supra cit.*, p. 38.

past, only in having, in most cases, bilious evacuations in place of the peculiar "rice-water." Generally there were first greenish, watery dejections, then vomiting of ingesta and bilious matter, followed soon, if not relieved, by collapse, with the usual cold surface and extremities, and blue, shriveled skin.

If the evacuations continued long unchecked, they sometimes became purely rice-water, but in many cases they were bilious to the last. In not a few cases the dejections were entirely rice-water.

Cramps in the abdominal muscles, and in those of the extremities and other parts, were present in nearly all severe or fatal cases.

On account of the bilious evacuations, many physicians hesitated to pronounce the disease cholera, and hence it was often termed "the Prevailing," "the Epidemic," etc., in our newspapers.

Different theories were put forth regarding its origin and nature. Some regarded it as of malarial origin and type, and many as produced by the peculiar properties of the vegetables in use, the spring having been unusually late and the vegetables less matured than usual at the season they were brought into market. And the accumulated filth in the streets, alleys and yards of the city was blamed for the terrible scourge.

I have observed and studied the disease in its different phases and stages, and candidly confess that *its specific or essential cause is yet unknown.*

No theory brought forward covers all the facts in the case—none is entirely satisfactory and reliable.

The disease is not a "congestive chill;" it has attacked many not using the "immature vegetables," and it has invaded the cleanest parts of the city, some of the best-kept homes, where there could be no "accumulated filth."

I have not hesitated to pronounce it cholera, and of a character as epidemic as it has generally been on former occasions in this country. The evacuations, especially in persons of a bilious temperament, were at first bilious, necessarily, because it was at a season when bilious diarrhœa would be prevalent, if ever, and when people could scarcely have any unusual evacuations without exhibitions of bile.

In regard to the causes of cholera, I may repeat what I wrote nearly twenty years ago, after a careful study of the subject during the great epidemic at Pittsburgh. In the production of a case of cholera there must be three causes simultaneously bearing upon the individual, viz.:

1. A *predisposition* to the disease.
2. A *specific cause*, more or less prevalent; and
3. An *exciting cause*.

An individual may have a predisposition to such affections of the stomach and bowels, an irritability or a weakness in the alimentary canal; and he may exercise, or eat, or drink imprudently, and bring on diarrhœa or cholera morbus; but he cannot have CHOLERA unless he is the subject of the *specific prevailing cause* of that disease.

Or an individual may have the *predisposition*, and be under the influence of the *specific* prevailing cause, and yet have no cholera; indeed, he cannot have it till the *exciting cause* is added.

Or, again, an individual may be subject to the *specific* cause of cholera, and may encounter a very sufficient *exciting cause*, and yet escape, if he has not also an individual *predisposition* to such an affection.

As a familiar example of what I mean, I may say that in the production of effervescence at the soda fountain three causes are requisite—an acid, an alkali and water—and that the absence of either one would defeat the end desired.

The alkali and the acid, in a dry state, might dwell together for years, without the least effervescence; but the moment water is added, activity begins. Or the alkali and the water might gently mix, and remain quietly together till the acid is introduced. Or the acid and water could exist in combination for any length of time without effervescence, till the alkali is added.

Aside from the general cleaning up of the streets, alleys and yards of the city, the spreading of lime and coal tar, and an ordinance prohibiting the selling of all vegetables in the market, save onions! and tomatoes, no public or general measures were taken for the prevention of cholera.

Whether any, or just how much, good was effected by the

efforts at cleaning and disinfecting, and the prohibitory ordinances, none can tell.

One fact was very plain, as it had been in former visitations of cholera: that people who drank from springs of strong limestone water, or wells of the same, were more subject to the disease than those using water from the river. And I may add that those using good cistern water were more exempt than those using the river water, especially where the latter was not filtered.

From my own observations, lately as well as formerly made, and from my views of the causation of cholera, I specify the following as the most important precautionary or preventive measures:

1. A cool sponge-bath and brisk dry-rubbing of the entire person every morning, on rising.

2. Usual avocations, moderately pursued.

3. Avoidance of unusual fatigue or exposure to heat or cold, especially to currents of night air.

4. Avoidance of large draughts of cold water; also of food difficult of digestion, such as cucumbers, cabbage, green corn, onions, green beets and beans, fresh fish, the flesh of young animals, eggs, rich pastry, candies, etc.

5. Avoidance of alcoholic drinks, especially of beers fresh made. Light still wines, such as the Catawba, Ives' Seedling or Concord, may be used moderately at or after meals, with benefit.

6. The best articles of food generally, during the prevalence of cholera, are beefsteaks, rare-broiled; beef, rare-roasted; mutton chops, broiled; good light bread, plain corn bread, "beaten biscuits," crackers, potatoes, full-grown, well boiled or roasted, and thoroughly mashed; tomatoes, fully ripe, well stewed with light bread or crackers; hominy and rice, well cooked; Japan or black tea, cistern or freestone water, moderately; very little milk or cream.

Of course, general recommendations, such as I am able to give in a popular article, cannot suit every individual case. Some of the articles allowed may disagree with a person here and there, invariably, and such a one should not, therefore, touch them. And some that are prohibited may be in nowise

hurtful to certain individuals, and they may use them with impunity.

In the prevention of cholera or any other disease, the first duty of an individual is *to lessen the predisposition to it by an increase of the power of resistance in the organism*. This must be accomplished, as I have already indicated, by proper bathing, exercise and diet.

The second duty is, *to avoid exciting causes*, excesses in eating and drinking, and exercise, or imprudence in the same. Fear is a very great exciting cause, and cannot easily be allayed. Where it has taken very full possession of an individual, if possible there should be an immediate change of residence to a region not infested by the disease.

The third duty is, *to prevent, by anticipation, the inroads or attacks of the specific prevailing cause of the disease*.

In the avoidance of the loathsome small-pox, we have learned to anticipate, and so prevent, the action of its specific cause, by the use of vaccine virus.

And so in scarlet fever, we have found a valuable preventive or modifier, in belladonna.

And I am happy to say that there is, also, acting upon the same principle, a preventive, a prophylactic, for cholera.

As the vaccine virus acts upon the organism through the blood, *in the same direction and in a similar manner to the genuine variolous matter*; and as belladonna acts upon the organism, the mucous membrane, the skin and other tissues, in the same direction and in a manner similar to the genuine scarlatinal influence; *those remedies exhaust the susceptibility of the organism to small-pox and scarlet fever, more or less effectually and for a longer or shorter time*.

And precisely upon the same principle, and just as successfully, does *cuprum metallicum* (copper), properly prepared and used, exhaust the susceptibility of the organism to the *specific cholera influence*.

I have given it to thousands of persons during the prevalence of cholera in 1849, 1850, 1854 and 1873, as a preventive, and have never known one of them to take the disease while under its influence. It has been successfully employed in Europe, North, Central and South America as a preventive. Statistics in its favor are abundant.

Dr. Burq, a distinguished French physician (allopathist),

discovering that the operatives in copper works were almost universally exempt from cholera, when prevalent all around them, corresponded with the heads and managers of such establishments in various parts of the world, and, in a learned paper on the subject, advocated the use of copper (cuprum) as both a preventive and curative agent in cholera.

If, after all possible care, there is a concurrence of the causes we have mentioned, and the susceptibility of the organism takes in the cholera influence, all must be anxious to know something of the necessary means of cure.

Remedies must be suited to the various forms and stages of the disease. And before proceeding to mention the remedies best suited to the different forms and stages of cholera, I must mention some very commonly and most *unsuccessfully* employed.

OPIMUM, in some form, is found in nearly every mixture and prescription for cholera, and yet it has no property or power making it a remedy for that disease. Because it has sometimes checked simple diarrhœa and may induce insensibility to pain, it has been clung to as a sheet anchor in the treatment of the terrible cholera, over which it can have no possible control. Under its strong influence there is depressed nervous and vascular action where there should be exalted action, and a stagnation of blood in the capillary vessels where there should be a brisk return, and thus by it a tendency to collapse is established, and harm done.

PEPPER, GINGER, MUSTARD, one or all, may be found in nearly every cholera mixture in common use, notwithstanding they have no curative power in cholera whatever. In the stomach and intestinal canal they heat and burn the lining membrane and adjacent tissues, till nature sends there all the fluids she can muster, to "put out the fire." The serum, already leaving the blood to coagulate in the capillaries and veins, making the hands purple with the coming collapse, is thus poured into the alimentary canal and rushed more rapidly away.

CALOMEL, chiefly employed to substitute bilious for rice-water evacuations, has been widely used, and most unsuccessfully. In 1830-1, it was employed and abandoned—praised and denounced alternately—the same in 1849, 1854, 1856, and, I may add, in 1873.

Here in Nashville it has most signally failed, and its advocates have been nonplussed by the glaring fact *that scores of people have died with cholera, whose evacuations at first, if not all the time, were bilious.*

QUININE has been brought forward and here extensively employed both as a preventive and a curative agent in cholera upon the crazy hypothesis that the disease is but a form of intermittent fever—"a mis-located, congestive chill."

It has been given by the spoonful to those wanting a preventive, and heads have reeled and ears have rung with its fever-begetting stimulus.

And it has been injected under the skin, and its unfortunate subjects have died from its effects, with few exceptions.

But let us turn to something more rational and effective.

The principle upon which we must select remedies is not essentially different from that upon which we have obtained efficient preventives for disease.

As belladonna is a curative agent in scarlet fever, and cuprum in cholera, so must all agents be curative only as they bear a like relationship to the affections for which they are severally employed.

As I have stated, belladonna cures scarlet fever because it is capable of producing similar conditions or symptoms.

For the same reason, cold water cures cold feet, lime-water and linseed oil lotion cures burns—*by exciting a curative reaction in the forces of nature.*

Nature must do the curing, if any is ever effected. All that medicine can do is to arouse or excite her powers in the proper direction. Nature resists the cold application to the feet, by sending more blood and heat there, and so the cold feet are made warm.

(Lest persons, seeing the names of the remedies I shall mention, be induced to go for such as they can find in ordinary use, and so get crude or large and poisonous doses, I will state distinctly that they must be obtained only of dealers in homœopathic medicines.)

CROTON TIG. is the remedy for diarrhœa, when the discharges are copious, gushing and light colored.

ARSENICUM ALB.—When the discharges are copious, thin, of various colors, generally dark, very offensive, attended with great thirst, or nausea and prostration.

VERATRUM ALB.—When the foregoing remedies fail to stop the dejections, and when there is vomiting, sudden and violent, especially on taking cold drinks or moving, with great weakness and faintness.

CUPRUM MET.—When, with or without any of the symptoms above given, there are cramps in the muscles of the abdomen or limbs, or in the stomach. This remedy may be used at any stage of the disease, in alternation with one of the other remedies named. In alternation with veratrum it has effected immense good.

CAMPHOR.—When, during the prevalence of cholera, one has a feeling of chilliness or sudden prostration, with nausea and faintness, take three drops of the tincture every fifteen or twenty minutes, till relieved. Also, if, after the use of other remedies, there is a tendency to collapse, with cold surface and extremities, feeble or faltering pulse, life may be saved by the use of three drops of camphor every fifteen minutes, alone, or, if needed, in alternation with cuprum or arsenicum.

In regard to camphor, I must say that it has saved more lives in jeopardy with cholera than any other one remedy in the world. Wherever calomel, opium and camphor have been given in mixture, all the good effected in cholera has been due to the camphor; and the same might be said of all the other prescriptions and mixtures for that dreaded disease, in which camphor has been a part.

The number of deaths from cholera here is not exactly known. It has been variously estimated at from 700 to 1000. From the best information I can gather, I believe it to have been not over 900. Of this number at least two-thirds were colored.

As the colored population here is only one-third that of the white—say 12,000 in a total of 40,000, it will be seen that, from some cause, or causes, the disease was more prevalent and more fatal among them than the whites.

One cause was, doubtless, a greater predisposition to the disease, by reason of temperament and constitution, and another, their manner of living—green and poorly cooked vegetables being their chief subsistence, and limestone water their only drink. Their settlements are almost invariably about the large limestone springs, where the water is free from tax, their cabins huddled together, illy constructed, and very damp.

In regard to remedies, they went to extremes, taking either none at all, or very large doses of destructive mixtures.

Nursing among them was very poor, the attendants exercising more in frantic prayers, singing and shouting, than the timely, faithful care required.

I must enter a protest here against the charge appearing in many papers, that Nashville was more grievously affected than some other cities, by reason of local causes, general unhealthfulness, and a lack of sanitary care. This city, on the score of general healthfulness, is not surpassed by any city in the United States. From July 1 to January 1, its inhabitants have less sickness than the people of any city that I am acquainted with; and from January 1 to July 1, it has only the troubles incident to changes of temperature, save in June, when the first fruits and vegetables come into use.

Nashville is distinguished for the salubrity and mildness of its atmosphere.

There is no reason for severe visitations of cholera here, save, as I have mentioned, in its springs and wells of limestone water, and the manner of living among a portion of its population. So far as modes of treatment or remedies are concerned, I have already indicated some of the results.

Among the masses, the cry at first was for powerful remedies and large doses, but before the close of the visitation it was changed. Thinking people, with facts before them, could not be long in coming to the conclusion that massive doses of poisonous drugs not only failed to stay the disease in its fatal progress, but that they actually carried off, with brain disease and fever, many whose good powers of endurance had brought them through the cholera. Many learned the truth couched in the words "*die milde macht ist gross*," and turned for safety and relief to the gentle doses of cuprum, veratrum and camphor.

I am satisfied *that the rate of mortality under homœopathic treatment was not half what it was under the allopathic.*

In a practice that kept me busy eighteen out of twenty-four hours, with a due proportion of cholera cases, I lost but one patient with cholera.

I do not mention this fact for personal gain, nor the success of homœopathy for partisan purposes, but in proof of the efficiency of the remedies pointed out by homœopathic princi-

ple, and in justice to medical science, and for the good of the people of all classes and everywhere. The course of cholera is onward, to the north, east and south of us, and I hope what I have written may prove of benefit to those who may be in its sad line of march.

ON INCONTINENTIA URINÆ, ESPECIALLY IN RELATION TO ENURESIS NOCTURNA.

According to the older precepts, the excretion of the urine from the bladder is prevented by two sphincters—by the sphincter externus, consisting of horizontally striated muscles, and by the sphincter internus, consisting of smooth fascicles. Budge denies that function to the latter, inasmuch as he failed to check the flow from the bladder by galvanic stimulation of this muscle, and believes that only the muscular fibres of the urethra are active in the retention of the urine. Dittel, on the contrary, believes in the retentive action of both sphincters. Clinical observation teaches that, after division of the pars membranacea (extraurethrotomy, median lithotomy), whereby the sphincter externus is thrown out of function, the patients do not wet themselves continually, but only at times. The bladder must therefore be closed by the sphincter internus. Herzka, again, agrees with Budge. He ascribes the voluntary closure of the bladder to the action of the *M. compressor urethræ*, especially on account of the frequent presence of enuresis at the time of alvine evacuation (in apoplexy, high fever, sopor, deliria, narcosis, myelitis, etc.), as this muscle is only a part of the levator ani. He believes that the sphincter urethræ has only the function to evacuate the last part of the urine, after the lumen of the bladder is diminished by the detrusor. As long as the bladder is not quite full, the involuntary closure is secured partly by the elastic tissue at the neck of the bladder, but especially by a valve at the mouth of the urethra, so that muscular power is necessary to open it.

We see, thus, that there is still a difference about the functional value of both sphincters, but all believe that the urine is discharged by reflex action, when the centres of the motory vesicular nerves are incited by the vesicular mucous mem-

brane through an accumulation of urine, or from the bulbus urethræ, when by the pressure of urine the involuntary closure of the bladder is overcome, and a drop of urine reaches the bladder or incited by the will-power; and that, on the other side, the will-power is able to suppress the reflex manifestation by contraction of the sphincter externus (Dittel), or of the compressor urethra (Hertzka).

Dittel considers peripheral diseases of the uro-genital system as the cause of enuresis. He names first, callous strictures, whose connective tissue extends into the muscles of the membranous parts. Even where remnants of the horizontally striated muscles and the internal sphincter remain, they have lost all of their contractility, and give way to the least pressure. Where the stricture is narrow, the bladder never empties itself fully; the pressure becomes permanent, although paralysis does not immediately set in. After dilatation of the stricture, the permanent pressure ceases by a full evacuation of the bladder, and the sphincters are again able to perform their function. Stillicidium urinæ also happens in quickly arising, very narrow strictures. Here secondary dilatation behind the stricture forms so rapidly and extends into the sphincters, which become more rapidly paralyzed than the equalizing hypertrophy of the bladder could be formed. After removal of the stricture, the sphincters regain their contractility.

Ulcerative loss of substance in chancres, tuberculosis or diphtheria, also causes a paralytic state of the muscles, but it passes off when we succeed in healing the ulcer.

Enuresis sets also in when, in extensive hypertrophy of the prostata, the thick ring of the internal sphincter becomes changed to a thin membrane.

Fatty degeneration of the muscles is the cause of enuresis in old people, especially of the detrusor and sphincter internus; but the horizontally striated muscles of the sphincter externus and bulbo- and ischio-cavernosus are also attacked in senility by fatty degeneration. During their fifties, such persons observe that they have to wait some time till they are able to pass their urine in a full stream; here the detrusors become fatty degenerated. Then they have to pass their urine more frequently, have to rise several times at night, have to wait for the stream; but when it comes they are

unable to hold it back a minute; here the sphincters lose their ability of contraction, and senile incontinence is fully established as soon as the sphincters become unable to resist the smallest hydrostatic pressure. Another cause is the atrophy of the prostata, which, according to Dittel, is more frequent than the hypertrophy in the proportion of 2:1. Considering the sphincter internus only as a part of the prostata, it will be drawn into the atrophy of the latter, and thus enuresis sets in.

Hertzka divides the diseased states with involuntary micturition in two large groups, in incontinentia (stillicidium) urinæ, and in enuresis, where the urine runs off in a stream.

Of the first he distinguishes three forms:

1. *Incontinentia activa*, from hyperæsthesia or spasms of the bladder. The bladder shows here a great intolerance towards its contents, contracts spasmodically, and, as it expels the urine, even if it contains only the smallest quantity, it dribbles away in drops. Such a hyperæsthesia appears mostly from local causes, as gonorrhœa, stone or other foreign bodies. The spasm of the bladder arises either through the cerebro-spinal system, or by some stimulants, which attack the bladder and produce spasm by reflex action.

2. *Incontinentia paralytica seu passiva*. Its cause paralysis of the vesical muscles. The bladder becomes extended, on account of the paralysis, and the urine runs over, as it were. Such a paralysis sets in when the sympatheticus becomes paralyzed, and it may originate in the brain or spinal cord. Thus we find, in a late stage of myelitis, incontinence after a preceding obstinate retention. Sometimes it appears in apoplexia cerebri, etc. Also in affections of the peripheral branches of the nerves of the bladder, and in myopathic palsies (*e. g.* in cases of severe typhus, or after excessive extension of the bladder in consequence of excessive modesty, or in soldiers during long-continued military reviews.)

3. *Incontinentia mechanica*. Involuntary stillicidium here takes place by mechanical obstacles to a free discharge, either that a tumor or a pregnant uterus exercises a pressure on the bladder, or inversion, tugging, etc., may only allow the accumulation of urine to a certain point, when, as soon as that point is reached, the urine dribbles away in drops.

Enuresis arises from inactivity of the compressor urethræ. If we exclude will-power from the contraction of the sphinc-

ters, the latter can only happen by reflex. But this reflex influence finally becomes paralyzed by a considerable accumulation of urine, the sphincter yields, and the urine flows in a stream. The influence of the will is removed by disturbances of consciousness (cerebral diseases, sopor, delirium, intoxication, high fever, etc.). The influence of reflex action on the contraction of the sphincters may also be superseded by special diseases (tabes), so that only the will-power tries to act. If here the pressure to urinate becomes too strong, the will does not suffice any more, and the urine flows away.

The differential diagnosis is easy, by using physical examination, percussion of the bladder, abdominal palpation, careful catheterizing, and the study of the pains. Whether the enuresis is the consequence of a deficient activity of the sphincters, or of a paralysis, the more frequent or more rare discharge of urine may teach us. In deficient activity of the sphincters—*i. e.* when the will or the reflex action are not effective any more, but still one of these factors remains in activity and prevents to a certain degree the evacuation of the bladder—the urine will only pass at certain intervals, when the bladder becomes too full; whereas in paralysis of the sphincters neither will-power nor reflex can act, and the urine is discharged, though the bladder is nearly empty.

Therapy. Hertzka gives electricity the first place. He applies one electrode to the mucous membrane in the pars membranacea, and in cases of simultaneous paralysis of the compressor urethræ and levator ani the local galvanization of the rectum.

Enuresis nocturna may arise from many causes. Boys are more liable to it than girls. Barclay found it especially in scrofulous children, simultaneously with eczema and impetigo. It may also be hereditary. The old school praises jodide of iron, belladonna, chloral, sponging of the lower part of the spine before going to bed, electricity (in children externally applied).—*Schmidts Jahrbueber*, 4, 1873.

The late Dr. Metcalf wrote an excellent article on enuresis in the third volume of the *North American Journal of Homœopathy*, page 328, giving cases from different journals where the following remedies were successfully used: alumen, aurum mur., bell., benzoic acid, camphor, canth., caust., Dover's powders, dulc., hyosc., kali nitr., lycop., mesembryanth.,

natrum, nux v., phosph, puls., rhus tox., sepia, silic., staph., strychnia, sulph.

My repertory gives the following hints: *Sepia*, with onanists; *kreasot.*, when the urine flows during deep sleep; *puls.*, aggravation in autumn; *silicea*, in children suffering from worms; *sulphur*, micturition, copious after midnight: pale, lean children with large abdomen: such children love sugar and highly seasoned food, and abhor to be washed; *calc. carb.*, fat flabby children with red face, who sweat easily and catch cold easily; *bellad.*, children with scrofulous glandular enlargement, starting, restless sleep, with moaning and screaming; *mercur.*, children who perspire easily, and whose urine is hot, acrid, sour-smelling; *causticum*, children with black hair and eyes, and pass urine during their first sleep; *petroleum*, weakness of the neck of the bladder, urine drops out after urination, chronic blenorrhœa; *thuya*, accompanied by warts; *plantago major*, nocturnal enuresis, depending upon laxity of the sphincters, urine pale, watery and abundant, irritable bladder, with frequent micturition; *sarracenia? cina*, with worm symptoms, ravenous appetite.

S. L.

ON THE SAVING OF BLOOD IN OPERATIONS ACCORDING TO THE METHOD OF ESMARCH.

By Prof. BILLROTH.

Esmarch read a paper at the Surgical Congress in Berlin "On the Saving of Blood in Operations of the Extremities," wherein he remarked that his studies as well as experience taught him the possibility to drive the blood from the extremity by firm centripetal bandaging with elastic rollers, followed by consequent compression of the extremity on the central border of the bandaging with a strong india-rubber band, and to check in such a manner the efflux of blood, so that the operation could be performed with hardly any loss of blood.

Esmarch emphasizes that large quantities of blood are thus saved to the patient in amputation which are lost by the usual method of compression with the tourniquet or fingers; but that his method offers especial advantages in resections,

sequestrotomies, difficult extirpations of tumors, and other operations which cannot be performed as quickly as amputations. With this method there is no need of a sponge for touching and cleansing the field of operation, which can be performed as dry and bloodless as on the cadaver. It offers no injurious process for the future healing, even not then when the circulation remains fully interrupted for a quarter of an hour in the extremity operated upon.

I have, according to Esmarch's method, performed during the last session a number of operations on the extremities, and became practically convinced of its immense value. I have so far produced the artificial local anemia in fourteen cases, namely, in two extensive necrosis operations on the tibia; in three resections and extirpations of bones on the foot; in two resections of the elbow-joint; in two amputations according to Chopart; in four amputations and one exarticulation of the thigh. In twelve cases the issue was absolutely perfect, in two cases imperfect, from the following reasons:

One case was a non-extensive cicatrix from a burn on the posterior surface of the knee-joint, by which the leg became strongly flexed on the thigh. On account of this flexion in an acute angle, the compression of the blood vessels on the dorsal side of the joint did not fully succeed by bandaging, and some blood escaped from the peripheral end, which might have been prevented by a firm application of a compress in the cavity of the knee-joint; but another cause might have been that it was difficult to bring the patient under the full effect of anæsthesia; he became repeatedly asphyctic before the muscles were relaxed, and it seemed as if the strongly expanded india-rubber band could not entirely overcome the strongly contracted cord-like muscles. The small arteries were well compressed, but the art. femoralis had to be again compressed at the ligamentum Pouparti; but even with all these disadvantages the hemorrhage was far less than under ordinary circumstances. Patient fully recovered, and is strong.

The second case where the circular compression partially failed was an exarticulatio femoris, under peculiar circumstances. A year ago I performed on a potator the amputation of the thigh, on account of caries of the knee-joint. Although the state of health was unfavorable, the operation passed off well, but chronic periostitis and caries with fistulæ formed on

the stump, which would not heal in spite of manifold incisions, cauterizations, &c. Six months later I concluded to remove a piece two inches long of the stump. The division was entirely done in healthy parts, and still the wound would not heal; new caries with fistulæ followed high up. In the course of the next six months the local state got worse and worse; the general anæmia kept *in statu quo*, although the patient became quite fat. Finally I concluded to divide the soft part on the outside of the stump up to the trochanter, to loosen the loosely adherent periost with the osteophyter from the bone, and then to exarticulate the remaining stump. After enveloping the stump I put the india rubber band obliquely from perineum over the spina ant. sup. cristæ oss il., then posteriorly over the men. glutaci, and hence again to the perineum. The aorta was also compressed, though this was difficult, on account of the quantity of adipose tissue. The india rubber band greatly diminished the hemorrhage, but did not entirely stop it.

For such most difficult exceptional cases this valuable method needs still some improvement. Of my fourteen cases eleven are cured, three died: one of them, where exarticulation of the thigh was performed, six hours after the operation; and two cases of amputations of the thigh, once on account of gangrene of the leg after extension of the ankylosis of the knee-joint, with tearing of the arteries and veins, and the other on account of a pulsating osteosarcoma of the tibia.

In considering amputation on account of gangrene, we must consider that by such tight bandaging of gangrenous parts, or where they are infiltrated with pus, septic matter might be introduced into the venous circulation; and it may be perhaps more prudent to desist from the bandaging, and to confine ourselves to the constriction with the india rubber band.

Surgical experience teaches that the suppression of the circulation may also suppress the conducting power of the nerves, and one operation was therefore performed without chloroform-narcosis; but we found out that artificially produced anæmia does not cause local anæsthesia, at least not immediately; and further experiments are necessary in that direction.

Langenbeck, Canzetti and Grandesso-Silvestri already recommended tight bandaging before amputations; but Esmarch

deserves the credit of perfecting this method, and of applying it also to other operations.—*Wien Med. Wochenschrift*, No. 29, 1873.

POLITZER'S METHOD: ITS GENERAL VALUE.

By HENRY C. HOUGHTON, M. D.

The early student of practical anatomy must have investigated the relation of the passages leading from the pharynx to the tympanum, with interested inquiry as regarded function. Von Troltsch states that Aristotle certainly knew of these passages, which were first described by Eustachius, in 1562. The first instance in which the Eustachian tube was injected was in 1724, by a layman named Guyot, who passed a tin tube to the opening of the tube through the mouth, and relieved himself of a long-standing deafness. The present method, of introducing a catheter, was proposed by a surgeon named Cleland, in the year 1741, and has been extensively practiced since.

The method to which general attention is desired is that called Politzer's Method, after the inventor, Dr. Adam Politzer, of Vienna. This has been in use since 1863, increasing constantly in favor with the profession. The apparatus consists of a simple india rubber bag of a size easily grasped by the hand. The bag is furnished with a curved nozzle, or, better, with a nose-tip, connected to the bag by a rubber tubing of suitable length. The method of its use is by forcing air from the bag into the pharynx by the way of the nasal passages. In order to accomplish this, the nose-tip is introduced into the anterior nares, and the passages closed by gentle pressure with the fingers; the patient is directed to swallow, and at the moment of deglutition the air is forced from the bag by quick, close grasp. As the patient swallows, the soft palate comes in close contact with the post-pharyngeal walls, and divides the pharynx into a superior and inferior portion. The superior one having only the nares and the orifices of the Eustachian tubes as openings, the nasal passages being closed, the only escape for the air is to the cavity of the tympanum on either side, the action of the pharyngeal muscles causing the tube to be more open for the moment. The result is made more satisfactory by directing the patient to take a little water in the mouth that the act of swallowing may be decided. If the

use of this method be successful, the patient notices a pressure in the tympanum, and the membrana tympani will be found less convex inwardly, or perhaps slightly congested along the line of the manubrium.

Such is the method. A few cases will illustrate its use, and enable us to urge its claims for a more general application :

CASE I.—Mr. H., age 35 ; Sept. 12, 1871. Had nasal catarrh for years. One week ago took cold, and became deaf in left ear. Has been under homœopathic treatment without relief. Hears R. normal, L. —. On examination, R. M. T. normal ; L. M. T. uniform red color ; glazed look ; much depressed, the rugæ being deep and ossicula prominent. On using Politzer's method, the hearing rose to 10", the membrane came forward, and over its entire surface were rings caused by bubbles of mucus now in the cavity of the tympanum. A second application caused a change in the position of the rings, the bubbles being larger, and the hearing rose to 14". A third : the bubbles were few in number, and the hearing rose to 22". Graph.³⁰

Sept. 13th. Hears 6". Pol., then 12". Second trial, 22", with a sensation of bubbles bursting in the ear. Sulph.³⁰

Sept. 14. Hears 30" ; after Pol., 33". No medicine.

Sept. 16. Hears 35" ; after Pol., 50½". No sign of bubbles, and normal opalescence returning. No medicine.

Sept. 19. Hears 58" ; after Pol., 5'. Sulph.

Oct. 10. Hears 5' ; after Pol. 7½'. Dull, glazed look of M. T. gone. Hears conversation well as ever.

Nov. 24. Hears normally ; L. M. T. slightly dull. Patient expressed himself much gratified at results, and has not returned.

CASE II. Miss K., age 35 ; May 8, 1871. A chronic case of 20 years standing. Had been under treatment several times for months with no benefit. Came for relief from circumscribed otitis externa. Was encouraged to try homœopathic treatment for the chronic trouble. Hearing, R. 4", L. 3", for watch ; conversation only when very loud ; public speaking not at all. Constant roar in the ears, a grinding noise. The membranes depressed, but not extremely dull, with slight mobility. The Eustachian tubes dilatable.

Such was the condition of the patient, and in order to avoid detail, I will simply state the result. By Politzer's method,

and the administration of lachesis, principally, the hearing rose to 48" for the R. and 30" L., while the patient was able to hear ordinary conversation at the table, and public address when the speaker had distinct modulation. Date, Sept. 8, 1871.

CASE III. Miss R. G., age 19; Sept. 11, 1871. Had scarlet fever at 12. Gradual loss of power. M. T. depressed, but not thickened; little mobility. Hears watch 6" either side. Cannot hear ordinary conversation. Constant roaring in head. Chronic granular pharyngitis; throat dry, annoyingly so. Politzer's method used. Hears R. $7\frac{1}{2}$ ", L. $6\frac{1}{2}$ ". Lach.

Sept. 18. Hears R. and L. 10". Pol. Then R. and L. 13". After rest, 18". Lachesis.

Sept. 25. Hears 15". After Pol., 27". Has been free from roar since last date until yesterday and to-day. Lachesis.

Oct. 2. Hears R. 20", L. 19". "Sound now like carts passing on pavement." Pol. Then R. 28", L. 27".

Oct. 16. No noise since last visit. Hears R. 30", L. 27".

Oct. 26. Before Pol., R. 35", L. 31". After, R. and L. 42". The effect of inflation now lasts from one visit to the next. The patient hears conversation with such ease that she did not care to continue the treatment. I believe nearly normal standard for the watch could have been reached.

CASE IV. Miss G. A. B., age 19; Sept. 23, 1872. Had measles four years ago. Hears watch R. 2", L. 4". Chronic otitis media, with chronic granular pharyngitis; the membranes dull and thick, and little motion. Pol. Then hears R. 5", L. $8\frac{1}{2}$ ". "Dullness for conversation" more marked than other sounds. Gave phos⁹⁰.

Sept. 30. Hears R. 12", L. 16". Pol. Then R. 13", L. 18". "Friends notice the gain." Phos.

Oct. 7. 14", 18". Pol. Then 20", 22".

Patient seen each week till Dec. 12th. On the 9th of November, after treatment, hears watch 6' R. and L. On the 12th of Dec. heard watch 18' R. and L.

I have cited these cases to show the value of the method in acute and chronic inflammation of the cavity of the tympanum, non-suppurative in type. Let me add a suppurative case:

CASE V. Henry N., age 18; July 31, 1873. Had scarlet fever ten years ago. Gradual loss of hearing; since two years, decided deafness. Last April abscesses, with severe pain, prostration, etc. On examination found R. auricle

normal; R. M. E. contains pus; R. M. T., ulceration over entire extent, indolent type; E. T. dilatable; L. M. T. adhesions, and little motion. The pharynx encroached upon by thick walls; tonsils very much hypertrophied, etc. Hears watch R. 4", L. 2". After cleansing the pus from the R. M. T. a small perforation was found in the posterior inferior quadrant. Politzer's method used. Hearing R. 5", L. 32", while pus was driven from cav. tymp. to the ext. meatus. Calc. iod.³⁰

Aug. 7. Clear for two days. Same appearance. Hears R. 33", L. 2". Pol. Then R. 12", L. 52". Throat sore, red edges palate and pillars. Merc. v.³⁰

Aug. 12. Clear for two or three days, then dull hearing. Hears R. 35", L. 11". Pol. Then R. 35", L. 36". Pus continues to come from cav. tymp. Capsicum.³⁰

Aug. 16. Severe otalgia for two days, worse at night, dull and steady. Hears R. 2", L. 2". Pol. Then 32", 23". R. M. T. thickened, and L. M. E. closed by diffuse inflammation. Merc. v.³⁰

Aug. 19. Hears R. 48", L. 27". After Pol., R. 40", L. 42". R. M. T. ulceration nearly gone. L. M. T. clearer. Calc. j.³⁰

Aug. 28. Hears R. 30", L. 44". No pain. Hearing improved, for conversation. After Pol., hears watch R. 36", L. 46". The R. M. T. now covered with dry scales. Calc. j.³⁰

Sept. 5. Hears ordinary conversation with ease. Watch, R. 48", 56". Pol. Then R. 4", L. 8". The perforation in R. M. T. healed, and all inflammatory signs abated. One dose of calc. iod.³⁰ every other morning. The case is still under treatment. Expect entire relief.

These cases are only samples of hundreds similar which come to the notice of general practitioners—cases which are amenable to treatment by the aid of this simple means, and we are not faithful when we neglect it. It may be said, as was said by an editor regarding my article on "Paracentesis of Membrana Tympani," "Would not the patient have recovered just as promptly by administration of the indicated remedy?" Now, I have no desire to detract in the least from the merit of indicated remedies, but two things are certain: We have cured similar catarrhal cases by this method, without remedies, so have our old school friends. Secondly, cases have stood untouched by our remedies until the mechanical aids were applied. For instance, the last one cited. The patient

had been receiving the very best selections to be made by leading men of our school in two of our metropolitan cities, men who can and do prescribe closer and more successfully than others. If, then, our friends who depend on mechanical means can find a more prompt and permanent result reached by adding to these means *indicated remedies* so we can find more prompt and general success if we add to our indicated remedies the *mechanical means*.

NOTE.—The hearing distance for my watch is 20'. R. M. T., right membrana tympani. L. M. T., left membr. tympani. Pol. Politzer's method. E. T., Eustachian tube. ' Feet. " Inches.

AN ENDEAVOR TO EXPLAIN WHY OCCIPUT PRESENTATIONS OF THE FŒTUS ARE THE MOST COMMON, AND HOW PULSATILLA OPERATES IN TRANSVERSE PRESENTATIONS.

By F. G. ORHME, M. D., Tompkinsville, N. Y.

When a body whose specific gravity is not uniform throughout floats in water, its lightest part will be uppermost. A fish offers a good illustration of this law. As long as it has full power over the muscles, it will swim in a natural way, but as soon as it loses this by disease or death, and begins to *float*, its belly, being the lightest part, will turn upwards. The fœtus in the womb is subject to the same law.

As long as the specific gravity of all parts of a fœtus is alike, it will float in most any position in the womb; but as soon as the gases in its bowels commence to be generated, the specific gravity of the different parts changes; consequently, *the abdomen*, being the lightest, will not only slowly turn upwards, but also rise higher than the head. This change of position has, in its turn, a two-fold effect, viz.: 1. On account of the inclination of the pelvis of the mother, the head of the fœtus will slide forward and downward along the linea innominata, and assume the first or second occipital presentation. 2. The womb will sink lower, which it can not do as long as the fœtus lies crossways.

This process explains most naturally why the head is generally (in ninety-six cases out of one-hundred) the presenting

part; why the first and second occipital presentations are the most common, and also why the womb does not sink lower until the last month. If the presentation of the fœtus were a mere matter of chance, and if there were not some certain law governing all cases, I see no reason why the various presentations should not be numerically alike, or nearly so.

If we are correct in our theory, the cause of a transverse presentation of the fœtus at the commencement of birth arises from lack of a natural amount of gas in its bowels. As pulsatilla has frequently changed a transverse presentation into an occipital one, we are much inclined to suppose that this remedy has accomplished it by the generation of gas. Its pathogenetic symptoms would certainly not be against such an explanation. It has generally been supposed that puls. operated here by acting on the womb, and causing partial contractions, by which the fœtus is placed in the right position. We cannot believe in this *modus operandi*, for these two reasons: 1. When the womb contracts, it does so throughout simultaneously; partial contractions do not exist. 2. We see no way how any contraction of the womb, of whatever nature it may be, could act upon the position of the fœtus, as long as it is surrounded by the normal quantity of water, which would always allow the fœtus to recede, and thus frustrate any attempt at turning by the womb.

CASES.

By C. M. CONANT, M. D.

CASE I.—Chas. M., æt. 44; sore throat. Throat feels dry in spots size of a sixpence, and cannot be moistened. Uvula elongated. Constantly disposed to swallow. Deglutition painful. Throat has been cauterized with nitrate of silver. Merc. proto. 2c., one powder, removed all symptoms, and there has been no return.

CASE II.—A young man of 18; suddenly seized at 7 P. M. with griping pains in bowels. I was called at 11; found him in such intense pain that he could not answer any question. Could discover no imprudence as a cause. Pain came in par-

oxysms, doubling him up, and extorting groans and cries. Profuse warm sweat on forehead and neck. Abortive eructations. Colocynth³⁰, in water was given. In fifteen minutes patient slept. Woke in three-quarters of an hour, and the medicine was again given, when he fell asleep again, and awoke feeling perfectly well.

CASE III.—E. C., æt. 27; unmarried lady, bilious temperament. Teeth ache, ulcerate easily, and feel loose. Pain after eating, in the bowels, moving about as if from flatus. Costive; stool difficult to pass, and voided with much flatus. Urine very hot; formerly a sediment, but since urine has become so hot no sediment. Pain in small of back when standing. Lycopodium^m, one powder, removed all symptoms in a few hours, and there was no return.

MORBUS BRIGHTII.

By S. N. HIGGINS.

I have a case of Morbus Brightii on hand, which is doing wonderfully well under an *exclusive* skim-milk diet, and glycerine 62 per cent., aq. font. 38 per cent., + 6 ozs. acid tart. dissolved; from 6 to 4 ozs. of the mixture daily, besides all the milk he wants to drink. Patient was declared incurable, and that he must die in less than 12 months. Could hardly sit up two hours per diem.

Now, after two months' treatment, he can walk a mile and back, only tiring himself a little. Walks about all day, does not tire readily, can sleep well at night (formerly sleep was at most obtained for three or four hours at night). On July 13, urinometer stood at 1.032; on Aug. 11th, at 1.022; voiding at first twelve quarts every twenty-four hours. At present voids about six quarts in same time.

He took, from June 1, daily doses of eupat. perfol. 30 (cent.) for twelve days, and from July 10th daily doses of apis m. 30 (cent.) for ten days; since then he has taken nothing more than the milk and preparation of glycerine.

Ophthalmic Hospital.

Surgeons.

T. F. ALLEN, M. D.

C. TH. LIEBOLD, M. D.

C. A. BACON, M. D.

ALFRED K. HILLS, M. D.

Aural Surgeon.

Assistant Surgeons.

H. W. WESTOVER, M. D.

D. B. HUNT, M. D.

Assistant Aural Surgeon.

J. A. TERRY, M. D.

Resident Surgeon.

GEORGE S. NORTON, M. D.

SYMBLEPHARON.

ITS PREVENTION AND TREATMENT.

By ALFRED K. HILLS, M. D.

This affection, the result usually of mechanical injury or of caustic treatment of the conjunctiva, which causes inflammation, and consequent adhesion of the lids to the globe, and very liable to occur, should be understood by the general practitioner, in order that irremediable conditions may not supervene.

Destruction of the ocular and palpebral conjunctiva by burning with gunpowder explosions, hot metals, quicklime, or other chemical substances, is the most frequent cause of symblepharon.

Although there is scarcely such a thing as total symblepharon, nevertheless vision may be entirely destroyed by the complete envelopment of the cornea. The cure of a completely formed adhesion is extremely difficult, if not impossible. Expedients of various kinds have been resorted to for the cure, with varying results, the principal object being separation of the raw surfaces until cicatrization occurs.

One method is to dissect up the adherent lid, and continue daily separation until it no longer unites. Another, the interposition of foreign substances, sealing wax, etc., for the prevention of union.

The great object of treatment should be the prevention of adhesion. This can usually be accomplished, providing the case is seen early enough, and proper treatment resorted to.

In the case of the introduction of quicklime into the eye, never introduce water for its removal, for this will only increase the difficulty by dissolution, and hence retard the extraction. Milk or cream is the best agent as a preventive measure.

In slight cases the frequent introduction of oleaginous substances, with frequent opening of the lids (say every few hours), will answer as a prophylactic means. In some cases the lids have been successfully drawn asunder by the use of strong adhesive straps; in others by the use of sutures. In any event, they must be kept apart, in order that the raw surfaces may not unite.

Dieffenbach's method is the most ingenious. The lid is detached from the globe, the cilia shaved, and then the eye-lid is folded upon itself so that the skin comes in contact with the eye-ball, and there it is fixed in position, with sutures, until healed.

Wolf practices the plastic method, by taking a portion of neighboring healthy conjunctiva of the eye-ball to repair the palpebral tissue destroyed. The extensive loss of conj. oculi is generally readily regenerated, while loss of the conjunctiva of the lids is followed by such disastrous results as pannus, ulcerated cornea, etc.

The operation consists in, first, complete liberation of the eye-ball by dissection. Then pass two fine silk threads through each side of the conjunctiva at the outer aspect, which ligatures mark the breadth of the conjunctival flap to be removed. These two are put on the stretch, and with a pair of scissors first cut horizontally, and then on each side of the ligatures; then putting the scissors behind, cut it from the eye-ball. In cutting the flap on the stretch by means of the ligatures, care must be taken that the conjunctival flap is removed without any of the sub-conjunctival tissue. The same process is followed at the inner side, and these two flaps are brought together in the middle line and secured with stitches.

The flap may be taken from the upper or lower hemisphere of the ball when the cicatrix extends beyond the median line.

CONJUNCTIVAL TRANSPLANTATION FROM THE RABBIT.

In cases where the adhesions are so extensive as to prevent

us from obtaining a flap from the injured organ, transplantation from the conjunctiva of the rabbit has been successfully accomplished.

Both patient and rabbit under the influence of an anæsthetic, the adhesions are thoroughly dissected off the affected eye. Then take from the rabbit that portion which lines the inner angle, covering the membrana nictitans and extending as far as the cornea, the portion to be removed being previously defined by four fine silk threads, which also enables rapid transfer to the patient. The tissue is secured in place with stitches. This portion of tissue is used on account of its vascularity and looseness.

In respect to medical treatment, aconite or arnica, internally, according to the respective indications, are the first to be thought of, and calc. or hepar most likely to follow. Calendula or arnica topically may subdue in some cases the excessive œdema of the lids which sometimes occurs.

RETINITIS APOPLECTICA.

By GEO. S. NORTON, M. D., RESIDENT SURGEON.

Stellwag and many other authors make no mention of an uncomplicated form of apoplexy of the retina, but classify it under the head of other forms of inflammation of this tissue, carrying the idea that it is only a symptom occurring in the course of various retinal disorders.

M. Wecker, on the other hand, classifies it under a separate head as Retinitis Apoplectica; and Wells seems to have followed his lead, for, in his work on the eye, he speaks of this as a separate disease, and includes in it cases of extravasations of blood into the retina, which other authors consider only a symptom, as every oculist knows how very common an occurrence it is to see hemorrhagic extravasations in the retina during the course of neuro-retinitis, exudative retinitis, nephritic retinitis, etc. Although he speaks of an uncomplicated form where there are no exudative or degenerative changes in the retina, only a serous infiltration; which form is characterized by a more or less hyperæmia and œdema of the optic nerve and retina, veins large and tortuous,

while along their course may be distinguished numerous extravasations of blood of various forms, and situated in different parts of the retina, but always showing a greater tendency to extend outwards towards the choroid than inwards to the vitreous, into which they sometimes, though rarely, break. These effusions are chiefly confined to the vicinity of the optic nerve, or macula lutea, or to the periphery of the retina.

The attack is sometimes extremely sudden, coming on in a few moments; or, on awaking in the morning, the patient finds himself nearly blind.

The most frequent causes are some disturbances in the general circulation, due to affections of the uterus, liver, or heart, or to some impediment to the venous reflux from the eye, or to the atheromatous degeneration of the coats of the vessels found in old age.

It is, therefore, on account of the rarity of this disease, particularly of that form coming on suddenly, having no apparent cause, and with effusion of blood into the vitreous, that I take the liberty of reporting the following case.

Malcolm McDonald, aged 20, dark hair and eyes, came to me on June 6, 1873, with the following scant history: Two months ago, upon arising in the morning, noticed a dark spot before the eye, and on closing the right found he could not see at all. Since then has been to several physicians, but derived no benefit from any.

On examination found the vision in the right eye perfect, but with the left only counts fingers at one foot, and then turns his eye so that the image will fall on the upper and inner quadrant of the retina. External appearance of the eye normal. Everything looks red to him, and dark spots are seen before the vision, with sparks of light shooting across the sight. Has suffered from an aching pain over the left eye since the attack.

By the aid of the ophthalmoscope the cause of the trouble was revealed. The vitreous humor seemed almost full of blood, especially in the lower and outer portion of the field; as was also the vicinity of the macula lutea, rendering it so dark the fundus could not be perceived. The optic nerve could be indistinctly made out, as well as a small portion of the retina above and to the inner side. Near the optic

disk, and above, a white line could be seen, caused by an atrophy of the choroid. A little above and to the inner side of this was an extravasation of blood into the retina. A few small vessels were discernible, and at one spot over this white line a large vein seems to have ruptured, as the extravasated blood was connected with it.

Is subject to attacks of epistaxis every day, and rush of blood to his head. Gave phos.³⁰

June 25. Has had no bleeding from the nose since June 6. Can count fingers at two feet, and light appears brighter. Continued phos.³⁰

Aug. 25. Epistaxis has not returned. Now counts fingers at ten feet by turning the eye upwards and inwards. The fundus appears clearer, though large clots of blood are seen floating in the vitreous, especially in the lower part of the field, which is still quite dark, as is the vicinity of the yellow spot. Very few retinal vessels can be seen. Continued treatment.

At about the same time this case occurred, Dr. Liebold had a similar case coming on suddenly, and from no apparent cause, in a young, robust man; only it was of less extent, and situated at the periphery and lower portion of the retina.

THE EIGHTEENTH GENERAL REPORT OF THE BOND STREET HOMŒOPATHIC DISPENSARY, AND ITS BRANCHES.


Thirty-nine thousand nine hundred and fifty-one cases were treated in this eleemosynary institution during the year 1872, which speaks volumes in its praise. It remains still under the management of its founder, Dr. Otto Füllgraff; and, without flattering the worthy Doctor, we candidly confess that no other dispensary shows such a flourishing condition, in spite of the parsimony of the State and the City towards its charitable institutions. That our Dispensaries are still kept up is due to the ever open hands of our kind-hearted inhabitants, and to the zeal of the medical profession, who never flinch from work once undertaken, and who are ever willing to give their time and their means for the welfare of suffering humanity.


The New York Journal of Homoeopathy.


NEW YORK, SEPTEMBER 1, 1873.


WM. TOD HELMUTH, M. D., T. F. ALLEN, M. D.,
S. LILIENTHAL, M. D.,

Editorial Committee.

 The Editorial Committee do not hold themselves responsible for opinions and statements made over the signatures of correspondents.

 College Announcements, Hospital Reports, the Reports of Societies, Foreign and Domestic Medical News, are respectfully solicited, as are newspapers, or periodicals, containing such reports.

 To insure publication, Communications should be *brief, practical, and carefully written*, on one side of the page.

 All subscriptions, periodicals, books for notice or review, and exchanges, should be directed to the Publishers,

CARLE & GRENER, No. 23 Union Square, N. Y.

A few weeks more, and all our Medical Colleges, Allopathic, Homoeopathic, Eclectic, etc., again begin their four to five-monthly curricula to turn out doctors! *To turn out doctors!* Let us pause and consider if that should be the height of ambition of a medical school, or of its teachers. It is a pity that this is true, and that it is true deserves our greatest pity.

To raise the standard of medical education, we have to begin at the other end of the horn, and raise the standard of medical educators. To become a professor ordinarius at a European college takes years of study and years of practical application. Men well known by their works, and already of world-wide reputation, like Traube, Waldeyer, Cohnheim, and a host of others, stood at the lower end of the ladder, and lectured *for years* to admiring classes, till finally they reached the goal of their ambition, and became professors! Alas! how far different it is here, where any set of men, unknown to everybody outside of their own homes, may band together, get a charter from the legislature, patch together their lectures, and turn out full-fledged M. D.s, most of whom are as well versed in the intricacies of medical lore as their teachers.

The cry of clinical advantages is another humbug, raised by many institutions. We consider practical clinical teaching only of benefit to such students as have finished their *preliminary education*, passed their examination successfully, and been honored with their diploma. Then, and only then, is the time when they ought to be able to diagnosticate precisely, and to prescribe accordingly. The seniors, at the utmost, might and will benefit from clinical instruction, if, during their two former courses, they have diligently mastered the theoretical part of medical science, so that the art of applying this knowledge may be practically imparted to them. To render clinics advantageous to the students, practical teachers, well versed in every branch of medical science, are necessary. And how many, in all our colleges, have we, who can respond to such a just demand? Anatomy, physiology, exact pathology, histology, materia medica, and good common, practical sense to successfully apply such knowledge, must be the attributes of a clinical teacher: how many professors in all our colleges come up to that requisite standard?

The talk of elevating the standard of medical education is not "buncombe." It is felt everywhere. Not that our American practitioners are not as successful as those of other countries; not that our hospitals and dispensaries show a larger rate of mortality than those of other countries; for Allah is great and Mahomet his prophet, or, in other words, *Vis medicatrix nature* is great, and expectant treatment with hygiene its prophet: but all acknowledge that it is impossible to digest in a few months the preliminaries of a medical education.

Will a University, endowed and its teachers paid by the State, mend the matter? We answer decidedly in the affirmative, and hope and trust that, before many years pass by, the noble state of New York will possess a State University, "Excelsior," as its motto is: a University with only such teachers who, after a most searching examination, stood the ordeal and came out "Excelsior;" with only such teachers, to whom the mere title of professor can give no additional lustre, as by their labors they already possess fame and reputation.

Thus, and only thus, medical education will rank as high as it ought to be, and the diploma of such an American institution will be honored all over the world: an honor which, so

far, is often denied to the diplomas of our private institutions.

S. L.

FOOTE'S HOME, STAMFORD, CONN.

A few weeks ago we had the pleasure of visiting Foote's Home, a retreat for insane patients who are able to pay for the privilege not to be immured in an insane asylum. The retreat stands on a high eminence overlooking the Sound, in the outskirts of that prosperous and beautiful village, has a garden attached, and, without overcrowding the Home, the Doctor will be able to take care of about twenty patients.

Such a place has been needed for a long while, and we feel proud that Dr. Foote, the eminent psychologist, who has made mental diseases his life-long study, undertook to supply this want. In the management of the institution he is ably supported by his faithful wife and by his amiable daughters, one of whom is more than an amateur on the piano. Kind and firm attendants have been engaged, and we may therefore rely upon it that many of our patients, if sent to the Home, will, under strictly homœopathic treatment, regain the balance of the mind.

The Home had just been opened, and a patient brought there for treatment. His friends and relatives wished to sneak away; but we admired the Doctor's pluck, as he insisted that the patient should know that he has to remain for treatment, for only by truth can we gain the confidence of our patients. We are happy to hear from the Superintendent that this patient, as well as some others are doing well. We wish all success to the Home, and hope that Dr. Foote will by-and-by publish some of his cases, as especially in mental diseases we need clinical verification of our symptoms.

S. L.

N. Y. COUNTY HOMŒOPATHIC MEDICAL SOCIETY. APPEAL IN AID OF THE LIBRARY.

Members of the profession are urgently solicited to contribute books, periodicals, relics, etc., and the Committee beg leave to suggest, especially to the older members, that this

Society, being permanently established by law, and a proper custodian, could receive indentures conveying books to the Society terminable at the decease of the maker.

Donations from authors and publishers are also respectfully solicited.

Donors will be duly credited in the archives of the Society, and through the columns of the journals.

Please send contributions to the Ophthalmic Hospital, directed to Alfred K. Hills, M. D., Chairman of the Library Committee.

The Library Committee of the N. Y. County Homœopathic Medical Society hereby acknowledge receipt of the following :

Messrs. Carle & Grener : Descriptive Catalogue of Surgical Instruments and Appliances.

Prof. T. F. Allen, M. D. : 1 Case for Periodicals.

N. J. Journal of Homœopathy : Files of Exchanges.

STATE HOMŒOPATHIC MEDICAL SOCIETY.

SEMI-ANNUAL MEETING HELD IN BROOKLYN, TUESDAY,
September 9, 1873.

MORNING SESSION.

The Homœopathic Medical Society of this State assembled in the Common Council Chamber in the city of Brooklyn, at 10.30 A. M., on Tuesday, September 9, the President, Dr. E. D. Jones, of Albany, in the chair. Shortly thereafter Mayor Powell made his appearance, and at 10.40 proceeded to address the meeting, having been introduced by the Chairman in a few spirited and welcoming remarks.

The Mayor proceeded to congratulate the Society upon its progress, and, after thanking them for the distinguished honor done the city by their presence, and briefly and cursorily alluding to the wonderful strides made by the homœopathic branch of medicine in the last few years, concluded his address.

The President, Dr. Jones, responded in the following words :

MR. MAYOR : On behalf of the New York State Homœopathic Medical Society, I thank you for the friendly greeting and hospitable welcome you have extended. To me it seems eminently fitting that the representatives of a profession so largely possessing the confidence of this commonwealth should have selected your beautiful city as their place of meeting.

The spires of your many churches, pointing heavenward, constantly reminding us of our responsibility to a Higher Power, should cause us to feel more acutely those duties and obligations which we have voluntarily assumed.

Trusting that this meeting may prove of value to us all, again, sir, I thank you for our cordial reception, and may your many timely expressions stimulate each of us to greater efforts for the relief of suffering humanity.

The President then proceeded to read a very able and comprehensive address.

The Recording Secretary, Dr. Frank L. Vincent, then read a communication to the Society, it being a synopsis of his report to the Executive Committee, stating that in 1871 the Treasurer reported a debt against the State Society of \$451.83, which, like the ruins of Baalbeck, stand to this day.

The Secretary suggested that this debt be removed by special contribution, which would, if favorably received, wipe it out, and place the Society on a fair financial basis.

Dr. Sumner favored the plan of the ten-dollar subscription, and he and others contributed accordingly, reducing the debt to two hundred and thirty-five dollars.

The President thought it would expedite business to appoint a Committee, to whom should be referred papers to be read before the Society.

Drs. Fiske, Stiles and Whitney were appointed such Committee.

Dr. J. J. Youlin, President of the American Institute of Homœopathy, being present, was introduced and invited to participate in the proceedings. The invitation was made general, inviting all present who were not accredited delegates or members to take part in the discussions.

Dr. Gray, of New York, read an elaborate paper on Medical Education, supplementing it with occasional and collateral remarks. Dr. Gray afterward read the "Rules and Regulations of the Regents of the University of New York," in many of the sections of which it was the purpose of his lengthy essay to point out a noticeable accord with the best methods of examination among students. He suggested, in conclusion, that prizes of merit be awarded to those students who attain the highest honors. He offered the following resolution, which was unanimously adopted:

Resolved, That the thanks of this Society are hereby tendered to the Regents of the University of this State for the preparation and adoption of a code of rules for the government of the State Board of Medical Examiners, appointed in compliance with the law of 1872.

Dr. H. R. Stiles presented a paper on "Emotional Insanity," prepared by Dr. Samuel Worcester, dilating upon its numerous phases, and instancing the prevalent opinions as to its cause as entertained by eminent students throughout the world. The paper was exceedingly comprehensive, and elicited full interest throughout.

Dr. Gray moved that Dr. Stiles be appointed a committee of one for the purpose of disintegrating the able document on insanity by Dr. Worcester, in so far as to present the subject in its separate parts for discussion, which was unanimously carried.

Dr. Stiles submitted an encouraging oral report of the condition of the Middletown Homœopathic Insane Asylum, of which he is Superintendent, in which, after narrating the numerous obstacles encountered by him upon assuming its charge, he submitted in detail a statement of its advantages in all the various demands that present themselves in the management of insane asylums in general.

He stated that last June the building was in an unfinished condition. Within the past few months progress has been made toward the completion of the first building. They have now a building of 175 feet long, four stories high. Yesterday they commenced a new building 195 feet long and three stories high. The new building, when completed, will accommodate from 90 to 115; possibly more, if crowded, which, however, he does not believe in. They had there an elegantly located farm of 250 acres, and received their water from the reservoir of Middletown. The building will be lighted by gas manufactured on the premises. He extended an invitation to members of the Society to visit the institution. He would submit the architectural plans of the building in the afternoon.

Dr. W. H. Watson presented the following as having been passed by the American Institute of Homœopathy at its late session in Cleveland, Ohio, supplementing the resolution by somewhat lengthy and patriotic remarks, advocating the claims of homœopathy by reason of its marvelous growth and widespread influences, and protesting against many of the assumptions of the allopathic branch of medicine.

Resolved, That homœopathsists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of "no taxation without representation," by sectarian monopoly, either of national, State, county, or city institutions, supported by legal assessments, or of those private, eleemosynary institutions which derive their support from individual contributions.

Dr. Watson urged the adoption of the resolution, saying that the homœopathsists had now become so large a body that they should be treated with exact and impartial justice, and not be pushed aside by the allopathists. It seemed to him that it was their duty at this time to create a public sentiment. It was an old saying, that "whom the gods would destroy they first make mad," and this was the condition of the allopathists to-day. There was no better opportunity than the present for homœopathsists to take a stand.

The resolution was seconded in a few pertinent remarks by Dr. A. E. Sumner, of Brooklyn, who spoke of some of the

abuses sought to be eradicated by the resolution, mildly denounced the proscription of homœopathists from service in the Police Department, and inveighed against the allopathic monopoly of all the municipal and eleemosynary institutions of Brooklyn. It was some comfort, of course, that many of our civic magnates are devotees of homœopathy, and among them he instanced Mayor Powell, and other prominent citizens: but the fact remained that the peculiar claims of the science had been systematically denied. The resolution was adopted.

The Secretary then offered a report on the general condition of homœopathic societies throughout the State, prepared by Dr. H. M. Paine, Chairman of the Bureau of Medical Societies and Institutions. There are in this State twelve hospitals, sixteen dispensaries, one insane asylum, four medical schools, and forty county and local medical societies.

At 12.40 the Society adjourned, to accept the hospitality of the Cumberland Street Hospital.

AFTERNOON SESSION.

The Society was called to order at 3 P. M. in the chapel of the Cumberland street Hospital. The members were cordially tendered an invitation to visit the Hospital, in a neat and appropriate address by the President of the Board of Trustees, Hon. C. A. Townsend. After partaking of a bountiful collation provided by the officers of the Hospital, the Society was called to order by the President, Dr. Jones.

Dr. Vincent, the Secretary, read a biographical sketch of the late Dr. E. B. Cole, of Waterford, written by Dr. B. F. Cornell, of Fort Edward. It was referred to the Committee on Publication, also ordered to be placed upon the records of the Society.

Dr. Helmuth, of New York, read an able and instructive article on the subject of Plastic Surgery. This article elicited discussion, in which Drs. Wright, Lord, Brown, Morrill and Lilienthal participated.

Dr. Lilienthal introduced Dr. Wm. Eggert, of Indianapolis, Indiana, who was cordially greeted by the President, and invited to participate in the discussions of the meeting.

Dr. Houghton, of the Ophthalmic Hospital of New York, invited the members of the Society to visit that institution, and gave a hasty sketch as to its capacity to accommodate patients, its workings, etc., stating that the institution would be able, when completed, to accommodate some 240 patients. He then presented to the Society a treatise on the subject of "Aural Diseases of Children," giving the history of several cases which had come under his observation in the course of his practice. This essay elicited remarks from Dr. Searle and others, which were very interesting, many cases being referred to by them.

Dr. Lilienthal, of New York, read an exhaustive essay entitled "Differential Indication of Remedies in Pneumonia on a Physiological Basis," giving many illustrations in the course of his reading.

Dr. Brown, of Binghamton, made some remarks upon the subject of the distinctive difference between moral sanity and insanity. In the course of his remarks he made an earnest appeal for temperance, and vigorously assailed the use of tobacco in any shape. Dr. I. S. P. Lord, of Brooklyn, who is a man of advanced years, and whose words should have weight, indorsed the remarks of Dr. Brown, and added an earnest, unanswerable argument in furtherance of the cause of temperance.

Dr. Searle, Chairman of the Committee appointed to draft suitable resolutions relative to the death of Dr. Simeon A. Cook, of Troy, made the following report:

The Homœopathic Medical Society of the State of New York, having heard of the death of Dr. Simeon A. Cook, of Troy, one of its former Vice-Presidents and active members, desires to record its appreciation of his rare talents, his earnest, useful, and in the highest sense successful life, as well as its deep regret at his loss, and heartfelt sympathy with the surviving relations.

The report was received and ordered to be placed upon the minutes of the Society.

EVENING SESSION.

The members of the Society were the guests of the lady managers of the Maternité, at their institution, No. 48 Concord Street. A pleasant time was there held over the supper table. When this had been cleared, Hon. W. W. Goodrich was called upon to take the chair, which he did, after expressing his hearty sympathy with homœopathy, and his pleasure in meeting the gentlemen assembled. Congratulatory remarks were then made by the President, Dr. E. Darwin Jones, Dr. H. C. Houghton, and others. Before the company adjourned, an elegant gold watch and chain was presented to Dr. H. M. Paine, former Secretary of the Society. The presentation speech was made by Dr. W. H. Watson.

The watch presented to Dr. Paine is an elegant specimen of workmanship. It is an open-faced stem-winder, and manufactured in Neuchatel. The following inscription is beautifully engraved upon the inside of the case:

"Presented by Members of the Homœopathic Medical Society of the State of New York to HORACE M. PAINE, M. D., in appreciation of his faithful performance of service as its Secretary during ten years. Albany, September 9, 1873."

After having adopted a vote of thanks to the lady managers of the Maternité for the bountiful reception, and to the several speakers for their addresses, the Society adjourned, to meet in Albany on the second Tuesday in February, 1874.

FRANK L. VINCENT, *Recording Secretary.*